Wits Palliative Care
University of the Witswatersrand
Department of Family Medicine

N'doro project

Pain & Symptom Control in HIV/AIDS and Cancer – Prevalence, Management Options & Measuring Impact

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Development Cooperation Ireland

N'doro Project

- Clinical team
  - 5 nurses, one doctor, one social worker, one pastor, two drivers
- More than 4500 home visits in Soweto
- Referrals mainly Chris Hani Baragwanath
  - Some from the community NGOs, neighbours

Demographic and clinical profiles

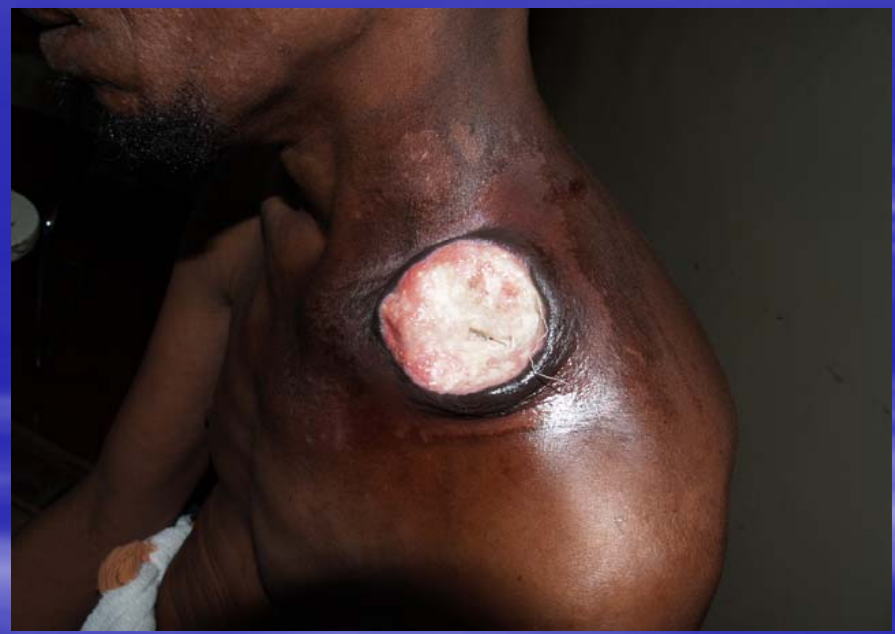
- AIDS related deaths in SA 1,615,728 by Nov 16th 2005

- Female 52% Men 48%
- AIDS 65% rest cancers
  - Commonest cancers
  - Lung, cervical, hepatoma, esophageal, breast
- Average number visits 6.4 – highly skewed distribution
- AIDS and cancers same average pain scores
- AIDS required lower dosages of morphine

Provide holistic care also work amongst very poor

Measuring Pain

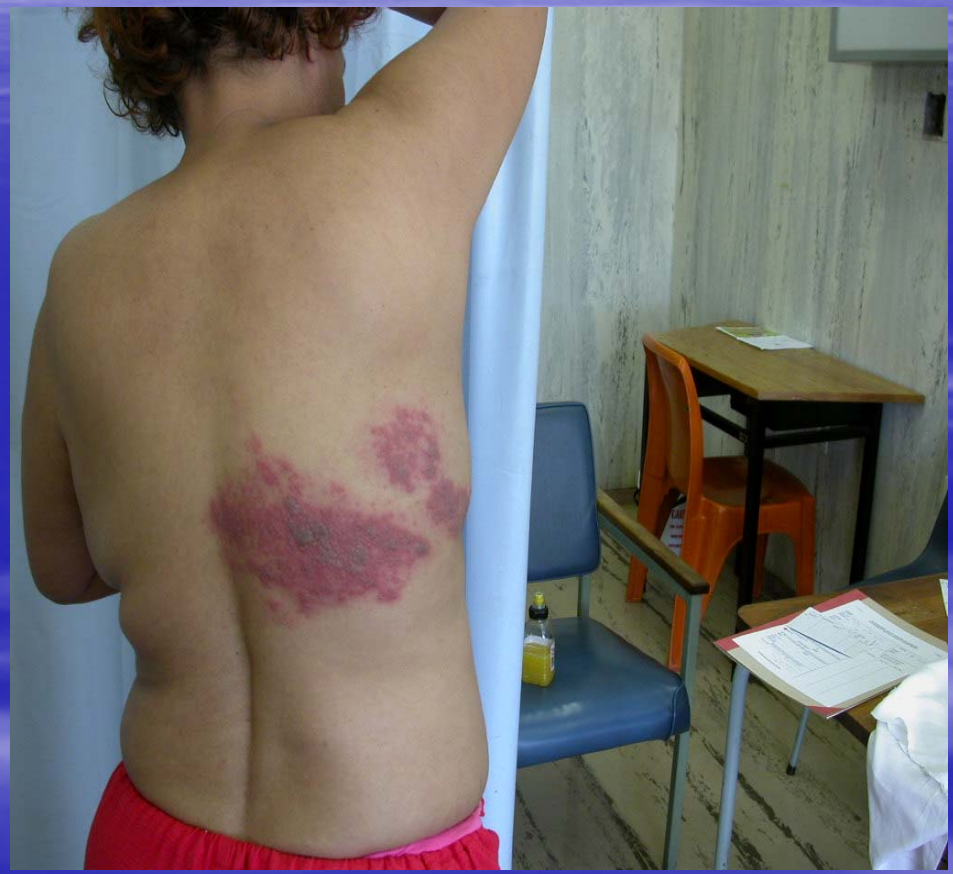
- Nurses assign a score 0-4 each visit each pain, enquire about new pains
- Protocol; if score 3 or 4 then revisit within 36 hours for reassessment
- Multiple pains prevalent in AIDS
- Different types of pains



Neuropathic pains – common in AIDS

Treatment options for neuropathic pains in AIDS

- We have trained PHC nurses and doctors – now recognizing and treating neuropathic pain
- Amitriptaline 25mg at night
  - Effective, walking after three weeks



Step two analgesics

- Codeine phosphate/spectrapain
- Dextropropoxyfene
- Dihydrocodeine
- Tramadol

- Irregular supplies
  - Confusion for patients
  - Irrational treatment regimes
  - More frequent side effects

Step two and three analgesics - experiences

- Doctors have prescribed step two drugs for break-through pains for patients on MST morphine
- Patients receive step two in hospital and discharged with step one
- Constipation a forgotten side-effect of step two drugs

Experiences with tramadol

- Synthetic opioid, moderate – strong
- 50mg 8 hourly
- Very effective for pain relief (by the clock , mouth and ladder)
- Constipation common side-effect
- Patient prefer to doxyfene

Experiences with morphine syrup

- Introduced a standard concentration 10mg in 5mls
- Correct measure can be a problem
- Calculation of breakthrough dosages –easy to do
- Need this across facilities
- Syringes need to be dispensed from pharmacy
- Families find it easy to document this

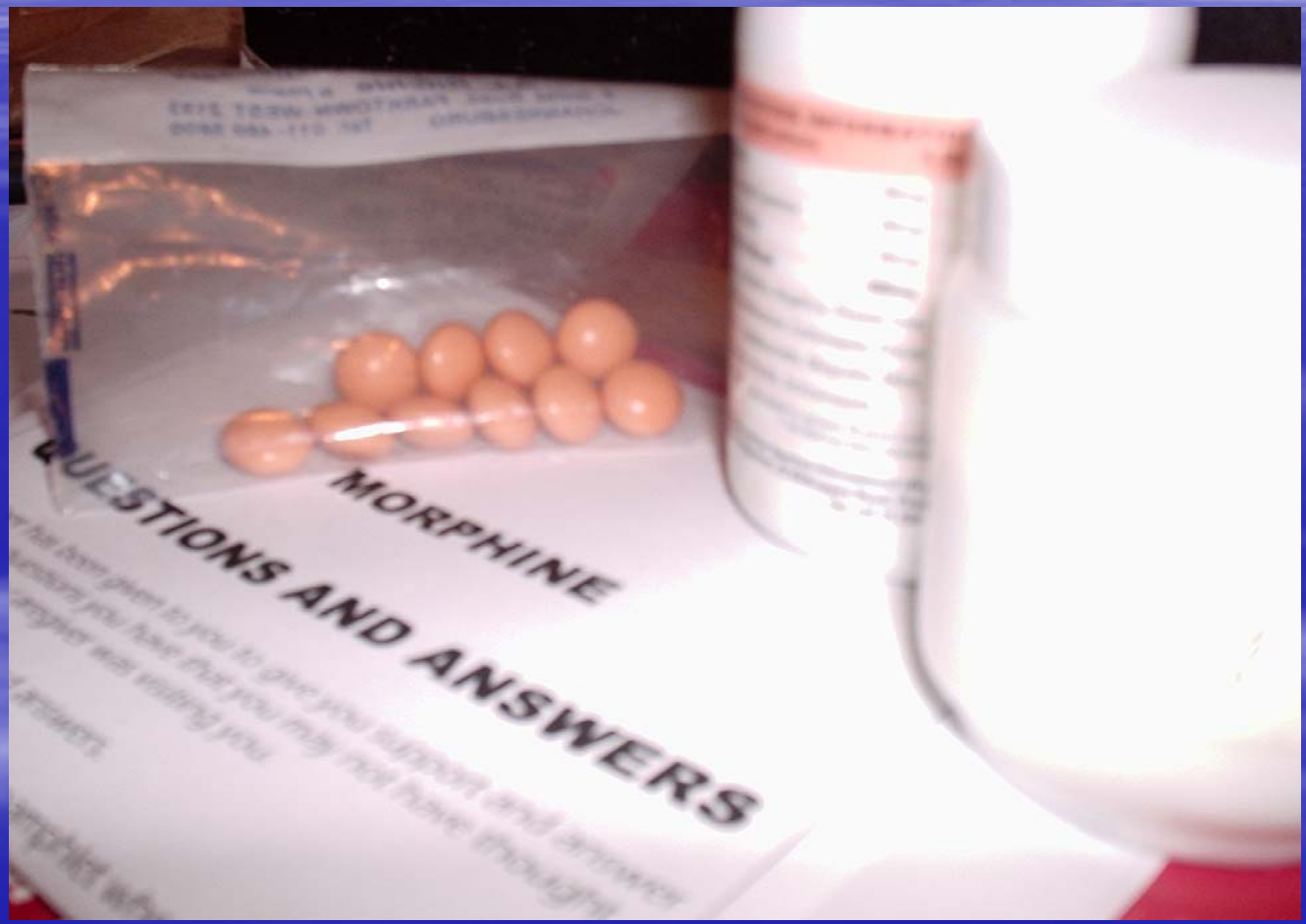
Lessons learnt and recommendations

- Nurses with proper training can identify pain, most mechanisms, and treatments
- Nursing Act already allows for a dispensation to prescribe drug; require mechanism to apply this in a responsible manner with QA
- Pain relief in AIDS and cancers has been achieved in this hospital-based community outreach programme

Recommendations

- Step two analgesics
  - consistent supply
  - for level one care less choice but more widely available
  - recommend tramadol
- More in-service and pre-service training
  - Adjuvants drugs used more appropriately
  - WHO ladder used more appropriately
- Research needed in clinical modalities

Education and communication to HCW and patients and families



Measuring Impact

- Data recorded / captured & analyzed
- Clinical Evidence
- Direct Feedback – Oral & other from patients / family & community
- Current pilot site for Tool to measure impact – Palliative Outcome Scale

Thanks and acknowledgements

- The N’doro team
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